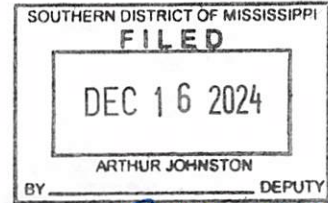


Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

## UNITED STATES DISTRICT COURT

for the

Southern District of MississippiEastern Division

Case No.

3:24-cv-802-TSL-RPM

(to be filled in by the Clerk's Office)

Carlton Fitzgerald Bourne #80839

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Burl Cain / M.D.O.C Miss. Parole Bd.

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

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**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Carlton Fitzgerald Bourne #

All other names by which  
you have been known:

ID Number

80839

Current Institution

East Mississippi Correctional Facility

Address

10641 Hwy 80 WestMeridianMS.39307

City

State

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Burl CainJob or Title (*if known*)Mississippi Department of Corrections

Shield Number

Employer

Address

301 North Lamar StreetJacksonMS.39201

City

State

Zip Code

☐ Individual capacity☒ Official capacity

Defendant No. 2

Name

Mississippi Parole BoardJob or Title (*if known*)

Shield Number

Employer

Address

301 North Lamar StreetJacksonMS.39201

City

State

Zip Code

☐ Individual capacity☒ Official capacity

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## Defendant No. 3

Name \_\_\_\_\_

Job or Title (if known) \_\_\_\_\_

Shield Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

☐

Individual capacity

☐

Official capacity

## Defendant No. 4

Name \_\_\_\_\_

Job or Title (if known) \_\_\_\_\_

Shield Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

☐

Individual capacity

☐

Official capacity

**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐Federal officials (a *Bivens* claim)☒

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

*Due Process, Cruel and unusual punishment inflicted.*

*Double Jeopardy, and Discrimination.*

*Denial of Medical Treatment, Equal protection of the laws.*

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials? *N/A*

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed. *Parole Board members during revocation hearing revoked my parole for one year. Failed to comply with procedures established in Mississippi Code Annotated Section 47-7-27 Non Compliance*

### III. Prisoner Status

*See Attached Page for more information*

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed. *See attached Page for information to these claims*

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

*N/A*

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

*Central Mississippi Correctional Facility CMCF AREA IV  
6/18/24  
Revocation Hearing By Cellphone Forrest County Adult Detention Facility  
March 5, 2024*

C. What date and approximate time did the events giving rise to your claim(s) occur?

March 5, 2024 9am - 10am  
April 3, 2024 - Sept. 23, 2024  
Unclassified Custody

June 17, 2024  
Fall accident + injuries

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

See attached pages  
Have the chart as evidence when I was seen by  
nurse. For more information.

## V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Hit back of head on brick wall injuring neck, lower back, hand. No medical treatment, other than a light shined in my eyes. To check for concussion, but nothing else received. They never checked me for any injuries, or damages to my body.

## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

The days in custody, beyond time to be served. Actual tentative date should have been 08/28/24. Everyday keeping me. Pain and suffering mentally, physically Emotionally. Civil Right violations ~~illegal~~ <sup>Illegal</sup> behind bars in custody need medical attention, and assistance. Yes, money damages

and punitive damage, in the amount Not really sure at this time, because the extent of my injuries. And the length of time behind bars.



**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

*Forrest County adult detention Facility (Revocation)  
Hearing  
Central Mississippi Correctional Facility*

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

*Fall, Parole Procedures, Records department  
MDOC Administration.*

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☒ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

CMCF  
EMCF

2. What did you claim in your grievance?

Medical treatment denial  
Time not right with Parole Punishment (multiple)

3. What was the result, if any? only heard from First Step only  
other grievance on the medical no response back  
to me at all when I filed it.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

No response from Administrative Remedy program  
after First Step. On the other two No response  
at all to grievance process.

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: *N/A*

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any: *M.P.O.C. Staff / Medical Staff*  
*Warden Michael Johnson, who was over the*  
*Area that I was housed in.*

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

*See attached forms (Copys) and information*  
*needed for your process.*

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.) *Okay.*

## VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes☒ NoIf yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible. *N/A*



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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) N/A

Defendant(s) N/A

2. Court (if federal court, name the district; if state court, name the county and State)

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition.

N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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- ☐ Yes
- ☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s)

N/A

Defendant(s)

N/A

2. Court *(if federal court, name the district; if state court, name the county and State)* N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition

N/A

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 12-05-24

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Carlton Fitzgerald Bourne  
Carlton Fitzgerald Bourne  
80839  
East Mississippi Correctional Facility  
Meridian MS. 39307  
City State Zip Code

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Telephone Number

E-mail Address

\_\_\_\_\_  
\_\_\_\_\_